

# ANIMAL BITE/ATTACK REPORT

Sedgwick County Animal Control  
Rabies Investigation — Telephone 660-7070 / Fax 383-7553

**VICTIM OF:** BITE  SCRATCH  ATTACK  EXPOSURE

**PRINT CLEARLY AND IN INK**

NAME: \_\_\_\_\_  
ADDRESS: HOME \_\_\_\_\_  
WORK \_\_\_\_\_  
STREET \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_  
AGE: \_\_\_\_\_ PARENT/GUARDIAN: \_\_\_\_\_

**DATE OCCURRED:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ A.M. P.M. **LOCATION:** \_\_\_\_\_  
BITE DESCRIPTION: SIMPLE  SEVERE  PROVOKED  UNPROVOKED   
PART OF BODY BITTEN: \_\_\_\_\_ TREATMENT: \_\_\_\_\_  
CIRCUMSTANCES OF BITE/ATTACK: \_\_\_\_\_

## OWNER OF BITING/ATTACKING ANIMAL:

NAME: \_\_\_\_\_  
ADDRESS: HOME \_\_\_\_\_  
WORK \_\_\_\_\_  
STREET \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

## DESCRIPTION OF ANIMAL:

TYPE OF ANIMAL: DOG  CAT  SKUNK  RACCOON  BAT  OTHER \_\_\_\_\_  
BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_ MALE  FEMALE   
NAME: \_\_\_\_\_ VACCINATION DATE: \_\_\_\_\_ DVM#/TELLER# \_\_\_\_\_ TAG# \_\_\_\_\_

**PERSON MAKING REPORT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## ANIMAL CONTROL DEPARTMENT USE ONLY

ADMIT TICKET #: _____	RELEASE DATE: _____	ANIMAL FOUND: YES <input type="checkbox"/> NO <input type="checkbox"/>
BITE/ATTACK CITATION: YES <input type="checkbox"/> NO <input type="checkbox"/>		CODE 1 BY ACO: YES <input type="checkbox"/> NO <input type="checkbox"/>
CITATION COUNTS: _____		SENT FOR DIAGNOSIS: YES <input type="checkbox"/> NO <input type="checkbox"/>
CITATION#: _____	ISSUE DATE: _____ BY: _____	DATE SUBMITTED: _____ SPEC#: _____
DATE RELEASED: _____	BY: _____	REFERRAL LETTER: YES <input type="checkbox"/> NO <input type="checkbox"/>
VICTIM CONTACTED OF RELEASE: YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE: _____	DATE _____ BY _____

**REMARKS (USE BACK IF NECESSARY):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_